

____ Visual Inspection Certificate

____ Rhizomania Certificate

**STATE OF IDAHO
DEPARTMENT OF AGRICULTURE
SPECIAL PHYTOSANITARY CERTIFICATE
APPLICATION**

____ Special Phytosanitary
Certificate (field/area
inspection required -
bean, pea, corn, etc.)

DATE: _____

PRODUCER: _____

Mail to OR Fax to:

Idaho Dept. of Agriculture
P.O. Box 790, Boise, ID 83701
Phone: (208) 332-8620
Fax: (208) 334-2283

OR

Idaho Dept. of Agriculture
P.O. Box 401, Twin Falls, ID 83303-0401
Phone: (208) 736-2195
Fax: (208) 736-2198

SPECIES	VARIETY	LOT NUMBER	POUNDS	YEAR/LOCATION/GROWER	STATE NUMBER

STATE OF ORIGIN: _____

CONSIGNOR: _____

CONSIGNEE: _____

BAG MARKS: _____

REMARKS:

09/00 REV.